



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
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LOBBYIST REGISTRATION FORM  
(Type or Print Clearly)

<b>PART I LOBBYIST</b>				
NAME (Last)		(First)	(Middle)	TELEPHONE
ASTRUC		GILBERT	PHILLIP	949 673 8812
MAILING ADDRESS (Street)				FAX
211 Agate Ave				949 673 8814
(City)		(State)	(Zip Code)	
Newport Beach		CA	92662	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
N/A				
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
TAP Pharmaceuticals			800-348-2779
MAILING ADDRESS (Street)			FAX
675 North Field Drive			
(City)		(State)	(Zip Code)
Lake Forest		IL	60045
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Michael Hughes			503-656-3382
MAILING ADDRESS (Street)			FAX
1915 SW Pinto Ct.			
(City)		(State)	(Zip Code)
West Linn		OR	97068

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                      | <input checked="" type="checkbox"/> Human Services                          | <input type="checkbox"/> Science, Technology & Economic Development   |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation   |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation   |
| <input type="checkbox"/> Culture, Arts, Historical Preservation   | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input checked="" type="checkbox"/> Other: (indicate below)<br><i>and any others have business to do w/ pharmaceutical policy</i> |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        |   |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

*Pilbox P. G. A.*

(Signature of Lobbyist)

*5/15/06*

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME <i>Kurt Mayrand</i>		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <i>Regional Manager of Managed Care</i>	
NAME OF ORGANIZATION (if applicable) <i>TAP PHARMACEUTICALS</i>		TELEPHONE <i>650-712-1447</i>	
MAILING ADDRESS (Street) <i>P.O. Box 1119</i>		FAX <i>SAME</i>	
(City) <i>EL Granada</i>	(State) <i>CA</i>	(Zip Code) <i>94018</i>	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
<i>[Signature]</i>		<i>5/31/06</i>	
(Signature of Authorizing Officer or Person Represented)		(Date)	